




## ALASKA HOUSING FINANCE CORPORATION

## QUARTERLY FINANCIAL REPORT (QFR)

☒ QUARTERLY REPORT☐ FINAL REPORT

<b>THP-20-BSS-2</b>		<b>Grantee Name:</b>		<input checked="" type="checkbox"/> Bering Strait School District		<input type="checkbox"/>							
<b>Report Period</b>		<b>Project Name:</b>		Shaktolik Alaska									
<b>From: 10/1/20</b>		<b>To: 12/31/20</b>											
<b>BUDGET CATEGORY DESCRIPTION</b>		<b>APPROVED BUDGET</b>		<b>PREVIOUSLY REPORTED EXPENDITURES</b>		<b>EXPENDITURES THIS PERIOD</b>		<b>TOTAL EXPENDED</b>		<b>% SPENT</b>		<b>BUDGET BALANCE</b>	
Construction/Rehab Costs		\$ 320,509.00		\$ 302,509.00		\$ 18,000.00		\$ 320,509.00		100%		\$ -	
THHP Loan		\$ 164,093.00		\$ 153,545.56		\$ 10,547.44		\$ 164,093.00		100%		\$ -	
<b>TOTAL</b>		<b>\$ 484,602.00</b>		<b>\$ 456,054.56</b>		<b>\$ 28,547.44</b>		<b>\$ 484,602.00</b>		<b>100%</b>		<b>\$ -</b>	
<b>Grant Funds Status</b>		<b>Total Grant Amount</b>		<b>\$ 484,602.00</b>		<b>Total Amount Received to Date</b>		<b>\$ 242,301.00</b>		<b>Balance Receivable</b>		<b>\$ 242,301.00</b>	
<b>Interest Earned</b>		<b>Prior Period</b>				<b>This Period</b>				<b>Total</b>			
<b>Program Income</b>													
<b>EQUIPMENT PURCHASED: DESCRIPTION/COST/SERIAL NUMBER/MODEL NUMBER (if applicable)</b>													
<b>GRANTEE CERTIFICATION:</b> I certify to the best of my knowledge and belief, the above data is correct, and that all outlays were made in accordance with the grant conditions.													
<b>AHFC Office Use Only</b>													
I have reviewed the above data and determined it to be appropriate and in accordance with the grant conditions.													
<b>Preparer's Printed Name and Title:</b> Gary Eckenweiller Facilities Director													
<b>Date:</b> 1/19/21 <b>Contact Phone #</b> 907 624-4249													
<b>Program Manager</b> Initial and Date													
<b>Authorized Approval Signature and Title:</b>  <b>Date:</b> 1/14/20 <b>Grant Administrator</b> Initial and Date													